

Foster Family Home - Corrective Action Report

Provider ID: 1-140018

Home Name: Kayoko Miura, RN

4475 Wahinekoa Place

Honolulu HI 96821

Review ID: 1-140018-3

Reviewer:

Begin Date: 1/4/2016

End Date: 1/4/16

Foster Family Home

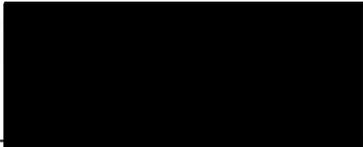
Required Certificate

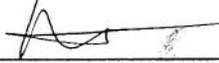
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 1/4/15. PCG requests to increase to a 3 client CCFFH Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver

1/4/16
Date

1/4/16
Date